

PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000

or <u>Fax</u>

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

maintenance fee notification						
•		with any corrections or use Block 1)	Fee(s) Transm	ficate of mailing can only be used faitfal. This certificate cannot be used additional paper, such as an assignm sertificate of mailing of transmission.	for any other accompanying ent or formal drawing, must	
	590 03/31/2004	PE	nave as own c	saddesic or marring or transmission.		
KIMBERLY-CLARK WORLDWIDE, INC.				Certificate of Mailing or Tran	smission Associated with the United	
KIMBERLY-CLARK WORLDWIDE, INC. 401 NORTH LAKE STREET NEENAH, WI 54956				I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below.		
		APR 2	SELICE TO THE SE	N. O.	(Depositor's nume)	
		\\$\ \s\ \s'	§/		(Signature)	
		WHO EN THE THE			(Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/038,973	12/31/2001	James J. Hlaban		17,693	9556	
TITLE OF INVENTION: LABIAL PAD HAVING VARIOUS MEANS			•	•		
III DE OF HAT MATION. L	AMPLITO MITTING TH			•		
APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION F	EE TOTAL PEE(S) DUB	DATE DUB	
nonprovisional	NO .	\$1330	\$300	\$1630	06/30/2004	
EXAMINER		ART UNIT CLASS-SUBCLASS		SS		
Anderson, Catharine L		3761	604-358000			
1. Change of correspondence address or indication of "Fee Address" (37 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or 1 Paul Y. Yee						
Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. agents OR, alternatively, (2) the name of a single firm (baving as a member a registered attorney or 2						
	-	agent) a	nd the names of up to	2 registered patent		
Cl "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				r agents. If no name is listed, no name 3		
3. ASSIGNEE NAME ANI	D RESIDENCE DATA TO E	E PRINTED ON THE PATER	NT (print or type)			
PLEASE NOTE: Unless	s an assignee is identified be	low, no assignee data will app	car on the patent. Inclus	sion of assignce data is only appropr m is NOT a substitute for filing an as	iate when an assignment has	
(A) NAME OF ASSIGN		(B) RESIDEN	CE: (CITY and STATE	OR COUNTRY)	argumen.	
Kimberly-C	lark Worldwide	Inc. Neen	ah, Wisconsi	n		
Please check the appropriat	e assignee category or catego	ries (will not be printed on the	patent); 🚨 individu	uni excorporation or other private p	roup entity 🗅 government	
4a. The following fee(s) are enclosed: 4b. Payment of Fee(s):						
ⓐ lasue Fee ☐ A check in the amount of the fee(a) is enclosed.						
Publication Fee						
Advance Order - # of Copies 1 The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 1-6825 (cincluse an extra copy of this form).						
Director for Patents is requi	ested to apply the Issue Fee a			sly paid issue fee to the application id		
(Authorized Signature)	who the	(Date) 28 April	004			
NOTE: The Issue Fee as other than the applicant, interest as shown by the n	ad Publication Fee (if require a registered attorney or as	ent; or the assigned or other stent and Trademark Office.	party in 04/28/	2004 WABRHAM2 00000106 110	0875 10038973	
This collection of inform obtain or retain a benefit application. Confidentialliestimated to take 12 mim completed application for case. Any comments on suggestions for reducing Patent and Trademark 22313-1450. DO NOT SEND TO: Commissions.	ation is required by 37 CFR by the public which is to it y is governed by 35 U.S.C. these to complete, including gram to the USFTO. Time we this burden, should be sent Office, U.S. Department SEND FRES OR COMPILE for Patrox Alexandria, Viz.	1.311. The information is re- ile (and by the USPTO to pro- 122 and 37 CFR 1.14. This col- athering, preparing, and submit Il vary depending upon the in- require to complete this fon- to-the Chief Information Offi- of Commerce, Alexandria, TTED FORMS TO THIS AL ginia 22313-1450.	quired to ocess) an lection is siting the addividual m and/or cer, U.S. Virginia DRESS.	1501 1330.00 DA 1504 300.00 DA 8001 3.00 DA		
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.				·		

TRANSMIT THIS FORM WITH FEE(S)

PTOL-85 (Rev. 11/03) Approved for use through 04/30/2004.

OMB 0651-0033 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE



Kimberly-Clark Corporation

KC-North 401 N. Lake Street Neenah, WI 54956

Name



Facsimile

Сотрапу

Fax Number

To:

Commissioner for Patents

U.S. Patent & Trademark Office

(703) 746-4000

Subject:

U.S. Serial No. 10/038,973 filed December 31, 2001 by James J. Hlaban et al.

Title: "Labial Pad Having Various Means "

Docket #: K-C 17693

From:

Paul Y. Yee

Page:

1 of 2

Dept:

Legal Dept.

Date:

April 28, 2004

Loc:

K-C North

Time:

12:05 p.m.

Kimberly-Clark Worldwide, Inc.

Response Under 37 CFR § 1.6(d) Payment of Issue Fee

CERTIFICATION OF FACSIMILE TRANSMISSION I HEREBY CERTIFY THAT THIS PAPER IS BEING FACSIMILE TRANSMITTED TO THE PATENT AND TRADEMARK OFFICE ON THE DATE SHOWN BELOW.

Judith M. Anderson

TYPE OR PRINT NAME OF PERSON SIGNING CERTIFICATE

th manderson

This facsimile is for the use of the addressee only and may contain privileged or confidential information that is exempt from disclosure under law. If you are not the addressee or responsible for delivering it to him or her, please know that dissemination, distribution, or copying of this facsimile is prohibited. If you have received this in error, please telephone us promptly and destroy the original.

If you have a problem with or a question about this facsimile, contact:

Name: Judy Anderson

Fax: 920-721-0279

phone: 920-721-6205